		MARYLAND STATE DEPARTMENT OF HEALTH	
//	10 H 970	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1		05995 CERTIFICATE OF DEATH 05990	
e e	P. 7	1. DECEASED-NAME First Middle Last / 2a. DATE OF DEATH 2b. HO	UR .
eat	uneral and 2 r death	(Type or printy ARRY DAMEN DRAM D/C 4 Month 194 Year 69 12	3.5
ъ.	2	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR	HRS.
s affe	\$ E E	m / 2/20/1900 laggirthday) YRS. MONTHS DAYS HOURS	MIN
4 hour	72 72 00 P	70. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 1 A 6 O T	Md
within 24 hours after death	signed by the attending physician and completely filled in burial-transit permit. Then please remave carbon paper burial, crematian, ar remaval, and in any event, within 72	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give sylect oddress) ASD FALL 12a. USUAL OCCUPATION (Kind of work done dispersion of the control of the	1
population	omplet ive car event,	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Talbot Easton YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS?	
× × ×	o pi	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
pe	in a	Fred J. Bramble Ella Fisher	
ate :	eas	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
if it	hys val,	no 210-03-1542 Mrs. Ruth M. Bramble (see 13)	
Cer	The P	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	Н
ath :	it.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) A COUNTY OF COUN	1
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¥ ,	atic atic	Canditians, if only, which gave	4
hat	ans em	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
es t	5	last. (c)	
quire	urio	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The law requires the	c e o	- 7/11/14/14/11/11	
ndir.	has been se as the th priar to	Page Page OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)	
he	e a	YES NO CAUSES OF DEATH?	
p	adt us		
CIA ital	ig & E	Grant Countributing Cause of Death HOUR A.M. Month Doy Year [19] Countributing Cause of Death HOUR A.M. Month Doy Year 19] Countributing Cause of Death HOUR A.M. Month Doy Year 19] Countributing Cause of Death HOUR A.M. Month Doy Year 19]	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.	To FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to		е
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EN ped	he he	saw the deceased alive on19, and that in (my) (our) opinion death occurred on the date and hour and from causes stated above, (I) (we) (did) (did not) view the body ofter death.	the
Tair I	2 g 4	226 SIGNATURE 20 DATE SIGNED	
e re	d 3 × SE	DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIA-16-16-16-16-16-16-16-16-16-16-16-16-16-	
7 P		222d PHYSICIAN'S 22e. ADDRESS	
PIT	r, p	NAME (Type)	
0 4 e	ecto ecto	23a. BURÎAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	-
ro Hospital Page 4 may	o rip ck	Spring Hill Easton, Talbot, Md.	
	00	24. FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	٠.
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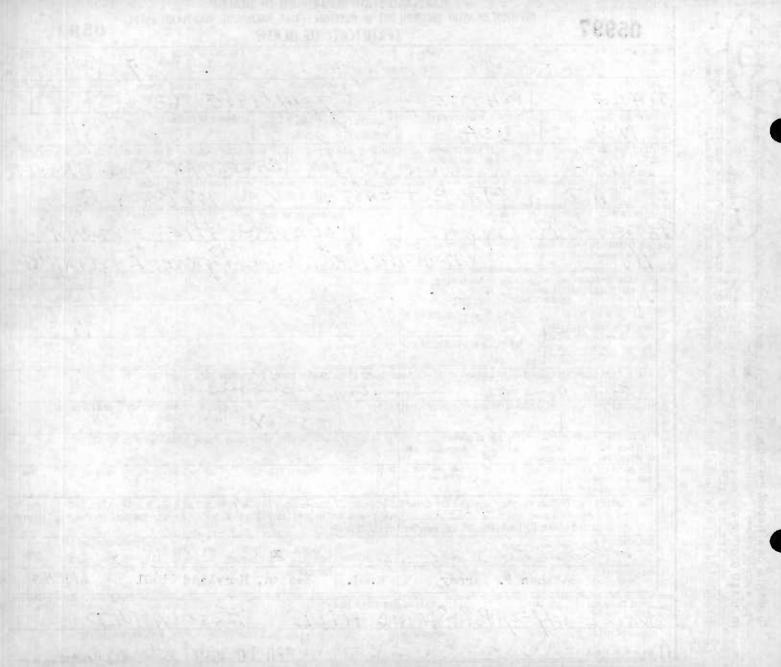
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certificate be executed physician and camplet Then please remave carmaval, and in any event		es, na, ar unknawn) (If yes give v	214-12-	547/Mrs. XI es a	Brummell	
		18. CAUSE OF DEATH (Enter an	ly ane cause per line for (a), (b), and	(0).) 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the the sit p		Conditions, if any, which gave		. 0. 1/2	mind	
that n. ny t ans		rise ta immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	OF .		HI MINERAL TON
requires that the death g physician. n signed by the attendig e burial-transit permit. o burial, crematian, ar re		last.	(c)			EN ETTY ENT
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ND Sed It		saw the deceased a		_19, and that in (my) (aur	r) opinian death accurred an the c	date and hour and from the
Programme TT.		22b. SIGNATURE	e, (I) (we) (did) (did not) view th	le bady offer deathy.	1 00	DAYE CICHED
~ = = = >		226. SIGNATURE	20 hand	DEGREE PHYS.	MED. STAFF PHYS.	c. DATE SIGNED
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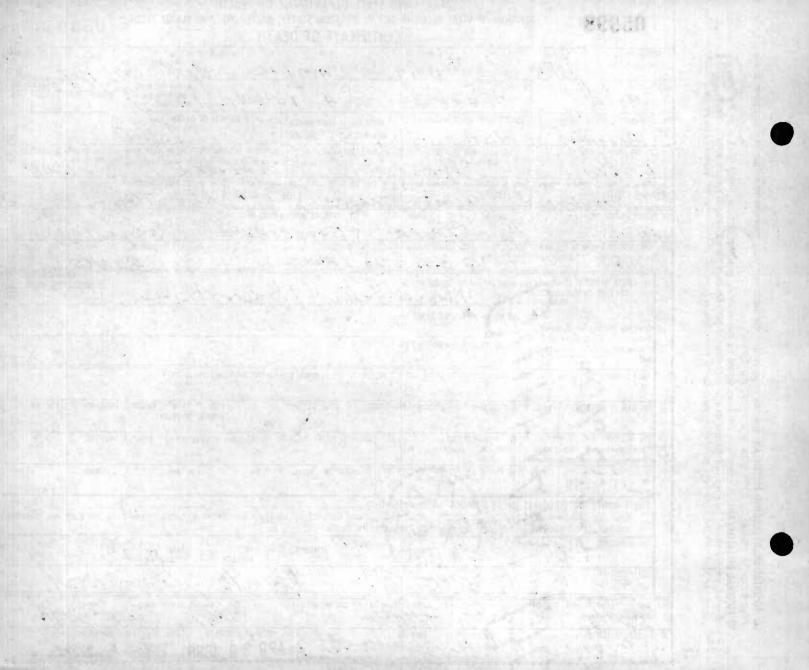
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and to	14.	FATHER'S NAME FIRST	Middle Last	15. MOTHER'S MAIDEN NAME First	100	Last
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ICIAN: oital or tificate d far u	3	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine)	2 Ib. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M.	21c. HOW INJURY OCCURRED (Enter no	oture of injury in Part 1 or Port 2, 1th	em 18.)
PHYS he hos this ce detache 9 Dept.	MEDI	While Not while of work		21f. LOCATION Street or R.F.D. No.	City or Tawn	County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 4 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, or remayal, and in any event, within 72 hours after death.		22a. I certify that (I) (this sow the deceased oliv causes stated obove,	haspital) attended the decease on 7 2 7 (I) (we) (did) (did nat) view the	ed from $++ 2$, 19 6 19 69, and thot in (my) (our) apinio bady after death.	$\frac{9}{4}$, to $\frac{9}{4}$, to $\frac{9}{4}$, 19 and death accurred on the data	e and haur and from the
OR AT		22b. SIGNATURE	8 Cand	DEGREE PHYS. MED. DIREC	22c. Di	ATE SIGNED 4 - 69
SPITAL 4 may l FERAL D ar, pag d be file		22d. PHYSICIAN'S NAME (Type) Steph	en P. Carney		aryland 21601	4/28/69
TO HOSPII Page 4 m TO FUNERA director,	230	BURIAL, CREMATION, 23b. DA	TE 36/1969 236 NAME OF	CEMETERY OR CREMATORY 2	3d_LOCATION (City or Town)	(County) (Stote)
VR A15 41 45M - 169	24.	FUNERAL DIRECTOR	Eurone Jos	EASTOW, MAD 250. REC'D BY R	EGISTRAR 25b. REOISTRAR'S S	IGNATURE

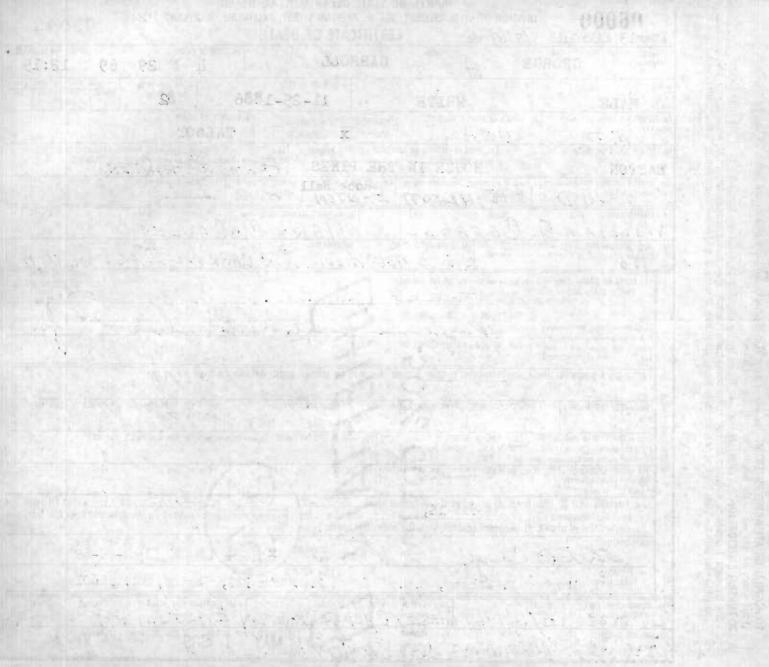


MARYLAND STATE DEPARTMENT OF HEALTH
05998 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05993
1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Martin Francis (allahan 2b. Hour 4 Manth 16 Day 1969 25 Hour
3. SEX Male S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 21 HRS. last lambday) YRS MANTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH 7albot
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give specifications) 12. USUAL OCCUPATION (Kind of work done give specifications) 12. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give specifications) 12. USUAL OCCUPATION (Kind of work done in hospital give specifications) 12. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give specifications)
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Talbot Easton YES NOW RFD #1
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost John ("Callahan Delia Ann Flesk")
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 220-12-1524 17. INFORMANT Address Address Address Address Address Address Address Address
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (c). Stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIPY 21c. HOW INITIPY OCCUPRED (State of the part 2 for 12 for 1
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19
While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from 1969, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated abave, (I) (we) (did) (did not) view the bady after death.
22b. SIGNATURE 22b. SIGNATURE 10 PHYS. Med. STAFF 22c. DATE SIGNED HYS. H-17-69 22d. PHYSIGIAN'S Meillacells Md 122e. ADDRESS NAME (Typer) Meillacells Md 122e. ADDRESS Michaells Md
230. BURIAL, CREMATION, BURIAL (SPENTION, BURIAL SEPTION) 231. DATE 232. NAME OF CEMETERY OR CREMATORY Spring Hill 232. NAME OF CEMETERY OR CREMATORY Spring Hill 233. LOCATION (City or Town) (County) (State) Easton, Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR MURICE E. NEUWAM & SON, Easton, Md. ADDRESS DATE PR 2 1 1969 LECTURE SIGNATURE DATE PR 2 1 1969

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fun ser der	3. SI	X	4. RACE		S. DATE OF BIRTH	6. AGE (In	YEORS IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
S of		MALE	WHITE		11-25-1		YRS. MONTHS DATE THOUSE MIN
hours hours	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH	
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completely filled ove carbon page y event, within 7		USUAL RESIDENCE (Where deceasission) STATE	sed lived, if institution: Residence before	EAG	TOWN 13d, INSIDE CIT	Y LIMITS? 13e. STREET AND NU	MBER
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ATT refoi sho with		22b. SIGNATURE	20 0		ATTENDING	MED. STAFF	22c. DATE SIGNED
OR be a		skept !	Teany	DEGR	REE PHYS.	DIRECTOR PHYS. L	1 4-29-69
SPITAL 4 moy 1ERAL or, poi		22d. PHYSICIAMS NAME (Type) Steph	nen P. Carney, M.D			929, Easton,	
TO HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fil	230	BURIAL, CREMATION, 23b.	DATE 234 NAME OF 12/1969 WESTE	F CEMETERY OR	CREMATORY REMETE	23d. LOCATION (City or TO	
VR A15 (4) 30M REV. 1/88	24	FUNERAL DIRECTOR	Newran + 200	r Eas	torme DATE	YEYREGISTRAP 1969 25b. A	EGISTEAR'S SUNATURE



R I	Item 18 Film 412 5-22 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	100
FOR STATE	05 0 1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	196
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day	Yeor 2b. HOUR
loy is 13 ta Poge ent of	(Type of Print) CLARENCE HUNTLEY CHRISTMAN DEATH MATED 4 -20 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	1967 2d. HOUF
PM3. Po	J. DATE STATE OF BINTING AND AND STATE OF BINTING AND	19 1
2 2	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1 LL 1 NO 1 S USA WIDOWED DIVORCED TALBOT	M
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hours ofter deol tem 18. Give Pa Office olong with 1 and 2 with the St ofter deoth.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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24 hours in tem 11 tr's Office ss Tond 2 rs ofter d	14. FÄTHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle LAURA JAMES	Lost
Pog Pog	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give worper dates of service) (16b. SOCIAL SECURITY NO. 067-07-5953 WALDINE S. CHRISTMAN, ST. MICHAELS,	Mp
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e execute pending" ef Medica isit permit vent with	4299 DUE TO, OR AS A CONSEQUENCE OF fibrosis and focal anemia	
be "p	Conditions, if ony, which gove rise to immediate couse (a), (b)	
5 5 1 2	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.	
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	WAS PERFORMEN?	YES NO
The fical be ld be or		
3 ± s e	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while at work at work.	Stote
ical Execution. Page ed for y crock: Page ed for y crock: Page burial, c		d in my apiniar
DICA ie ex ctor. ned 1 ECTO	death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner []	
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rry, pler erol dii be reto RAL Di prior	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (1)	69
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) LOUIS S.WELTY ACTINGEDITAL EXAMINER (M. 4-22-4) ACT	59
10 To F	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
0.0	REMOVAL (Specify) VREMATION APR 22,1969 FT. LINCOLN CEMETERY WASHINGTON. D. C. 24. FENERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	E 0.2008
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	MARYLAND STATE DEPARTMENT OF HEALTH
b- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	06002 CERTIFICATE OF DEATH 05997
٠	1. DECEASED-NAME A First / Middle . Lost 2a. DATE OF DEATH 2b. HOUR
after death he funerol ges 1 ond 2 after deoth	(Type or print) MARY D COOPER 4 Month 1 Day Year 9 1P
fund 1 o l	3. SEX . / 4. RACE / B. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
afte he he afte	last birthday) Months Day's Houre Min
Po Urs	161111111111111111111111111111111111111
24 hours after death.	7a. BIRTHPLACE (State or foreign 7b. CMTZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED NEVER MARRIED NEVER MARRIED 100
n 24-h	10. CITY QR-TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
completely filled-firsby ove carbon papers Po y event, within 72 hours	LAS TON give street and during most a parking life, even if refired.) INDUSTRY
	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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cafe be exer	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
d in ge	Elmer Johnson Un town
sicion please I, and i	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) Address
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om a	18. CAUSE OF DEATH (Enter only one cause per fige to (a), (b), and (c), approximate interval between onsignand death
ne death certificate be ottending physician permit. Then please ion, or removol, and	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHURSY UNCUSUAL ICCURRY 4 Lg.
otte	250 9 DUE TO, ORASA CONSEQUENCE OF The CONSEQUENCE
the the usit p	Canditians, if any, which gave
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requires thot the death g physician. signed by the ottendin. b burial-tronsit permit. o burial, cremation, or re	last. (c) Harris Miller 1
aphy phy sign buri buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
re ing en he to	
The law re ottending has been se as the h prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The off	YES NO KAUSES OF DEATH?
ate or u	
音音音 ま	S (If either, natify medical examiner) P.M. 19
G PHYSIC the hospii this certi detached te Dept. of	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.E.D. No. City or Town County State
this det of be	at wark at wark 12 day 12 day 1
by the state	22a. I certify that (I) (this hospital parended the deceased from 1927, ta/11/24, 1927, that (I) (we) la
OR ATTENDING PHYSICIAN: The law be retained by the hospital or attendin DIRECTOR: After this certificate has bee ge 3 should be detached for use as the led with the State Dept. of Health prior the with the State Dept.	saw the deceased alive an 1964, and that in (my) (o or) opinion deoth occurred an the dote and hour and fram the courses stated above, (H) (we) (dig)
The property of the property o	22b. MGMATURY 22c. DATE, SCAND 22c. DATE
REG S	DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS.
V b b b b b b b b b b b b b b b b b b b	
mo mo	NAME (Type) R. Lane Worth M.D. 22e. APPRESS Michaels, Md. 21663
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated and be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy director, page 3 should be detached for use as the burial-transit permit. Then is should be filed with the State Dept. of Health prior to burial, cremation, or removal	23g. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page Air	REMOVAL (Specify) 4/17/69 Richards Com Easton TA. Mid.
	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR'S SIGNATURE
30M REV. 1788	Lane & Nachtle Ester 200 DATE APR 18 1969 fillantes Judge.

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		06003	DIVISION OF			STON STREET, BALTIN TE OF DEATH	MORE, MARYLAND 21201	
							O DATE OF DEATH	05998
Ì		CEASED-NAME /pe or print)	First HATTIE	Middle N	TAY D	last DARLING	2a. DATE OF DEATH Month Da	y Yegr 26. HOUR
	2 CF	MA	17/18	111/1=	PI	7 LINC	5 1/105/11	IF UNDER 1 YEAR IF UNDER 24 HRS.
	3. SE	FEMALE	4. RACE	4ITE	3.	DATE OF BIRTH 189	6. AGE' (In years last birthday) YRS.	MONTHS DAYS HOURS MIN
	7o. E	RTHPLACE (State or foreign Ty)rlock, Md.	7b. CITIZEN OF W		MARRIED WIDOWED	NEVER MARRIED 9. DIVORCED 9	COUNTY OF DEATH	Md
7	10. C	TY OR TOWN OF DEATH ASTO	11. M give	Street oddress)	TUTION (If not	n hospitol 120. USUAL during most	OCCUPATION (Kind of work done t of working life, even if retired.) OUSEWORK	12b. KIND OF BUSINESS OR INDUSTRY Home
5		USUAL RESIDENCE (Where dissian) MATryland	leceased lived, if institution 13b. COUNTY	tion: Residence before 1	3c. CITY OR TO	OWN 13d. INSIDE CITY LIMIT	13e. STREET AND NUMBER	110110
U	14. F	ATHER'S NAME First Unknow	Middle Wn	Lost	1S. /	NOTHER'S MAIDEN NAME Firs Magg	t Middle ie Hurlock	Lost
	16a. Y	WAS DECEASED EVER IN U.S	5. ARMED FORCES? is give war or dates of service)	16b. SOCIAL SECURITY NO		ormant s. Marg e ret	Address Dolby, Preston,	Maryland
		1B. CAUSE OF DEATH (Ent	ter only one cause per l	ine far (o); (b), ond (c).)				APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
		PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	Septicen	· 16	Course Ku	deturied	36km
~		038.9		AS A CONSEQUENCE OF				
	-	Canditions, if ony, which grise to immediate cause	gove) (b)					
		stating the underlying co	(4),	AS A CONSEQUENCE OF				
		lost.	(c)					
		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART 1(a)	
	NOL	19a. DATE OF OPERATION	TION CONDITION FOR W	HICH OPERATION WAS PERF	OPMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIEVING
	CERTIFICATION	TAL DATE OF OFERALION	175. CONDITION FOR W	THE OF EXAMON WAS FERE	OKMED	YES NO	CAUSES OF DEATH?	TO SERVICE IN CERTIFICATION
1	CERTI	21a. ACCIDENT WAS UNDE	RLYING 21b. TIME (OF INJURY	21c. HOW		nature af injury in Part 1 or Part 2,	Item IB.)
		OR CONTRIBUTING CAUSE C	OF DEATH HOUR A.M.	Month Day Year	2.4	Second friday	and and and and and and and and	
	MEDICAL	(If either, notify medicol e 21d. INJURY OCCURRED While Nat while at work	21e. PLACE OF INJURY		21f. LOCA	TION Street ar R.F.D. Na.	City or Tawn	County State
		22a. I certify that (1)) (this haspital) at	tended the deceased	from	4 plu 1966	2 to 24 lepent 19	that (1) (we) las
		saw the decease	ed alive anbave, (I) (we) (did	19 (did Hot) view the bo	49, and adv after de	hat in (my) (our) apini ath.	2 , ta 24 Mul , 19 ian death accurred an the d	ate and haur and fram th
		22b. SIGNATURE	Harrison	his	O. DEGREE	ATTENDING MED PHYS. MED	D. STAFF ECTOR PHYS. 22c.	DATE SIGNED 69
	,	22d. PHYSICIAN'S NAME (Type)	TURSTON	HARRIS		22e. ADDRESS &	In Many Cen	
	23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE			23d. LOCATION (City or Town)	(County) (State)
	X	REMOVAL (Specify)	April 27		or Ord	er Cemetery	Preston, Mar	yland
		FUNERAL DIRECTOR		ADDRESS		250 PF 3	REGISTRAR 2Sb REGISTRAR	SSIGNATURE
d	J.	J. Frammon &	Son Ferior	alsound Mil		DATE	11	00

		MARYLAND STATE DEPARTMENT OF HEALTH OCOOP DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1.5	11011114	05999
HEALTH DEPT. ⇒ ₽ % ७		DECEASED NAME EDDIE First FRANCIS Middle DEAN Cost SR. 20. DATE KNOWN A Month, Do OF ESTI- DEATH MATED A 28.	
ny delay is 2, and 3 ta PM3. Page	3. S Ma		Yeor 1969 2d/HOUR
1 1 100		BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH JOHN TO BE DIVORCED 9. COUNTY OF DEATH JOHN TO B)/ Mi
haurs after death any term TB. Give Pages 1, 2, Office along with farm P land 2 with the State Depa offer death	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done like during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done like during most of working life, even if retired.)	. KIND OF BUSINESS OR USTRY Automobile
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within 24 pencil in xaminer's ile pages 72 haurs		o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po. g unknown)	rg, Md.,RFD
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages atian, ar remayal, and in any event within 72 haurs		16 21 DUE TO. OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH W G K S
certificate shauld be writing the ward "pe rwarded to the Chief seed as a burial-transit noval, and in any eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. Conditions, if ony, which gove rise to immediate couse (o), or as a consequence of arcinons with metastatsis	4mos 6mos
ficate ing the rded to as a b	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate shauld icate, writing the ward be farwarded to the Cl be used as a burial-tr ar remaval, and in any	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ▼ NO □
INER: This or certificate, should be fa files. 3 should be u a should be u	MEDICAL CER		8.)
	MEI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21d. PLACE OF INJURY (At home, form, street, at work 21f. LOCATION Street or R.F.D. No. City or Town C	ounty Stote
cal E) execution. Paged for yet for ye		22a. I certify that I taak charge af the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from: Natural causes . Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
ry, plea rat dire e retai AL DIR		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	NED 4/30/69
10 DEPUTY necessary, the funero 5 may be 10 FUNERA Health pr		NAME (Type) arold 3. I lummer M.D. ADDRESS(Street, city, town, or county)	
5 = 2 5 ±		REMOVAL (Specify) May 1, 1969 Concord Cemetery Near Federalsbu	unty) (State) rg. Maryland
VR A15ME	24.	4. FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGN	

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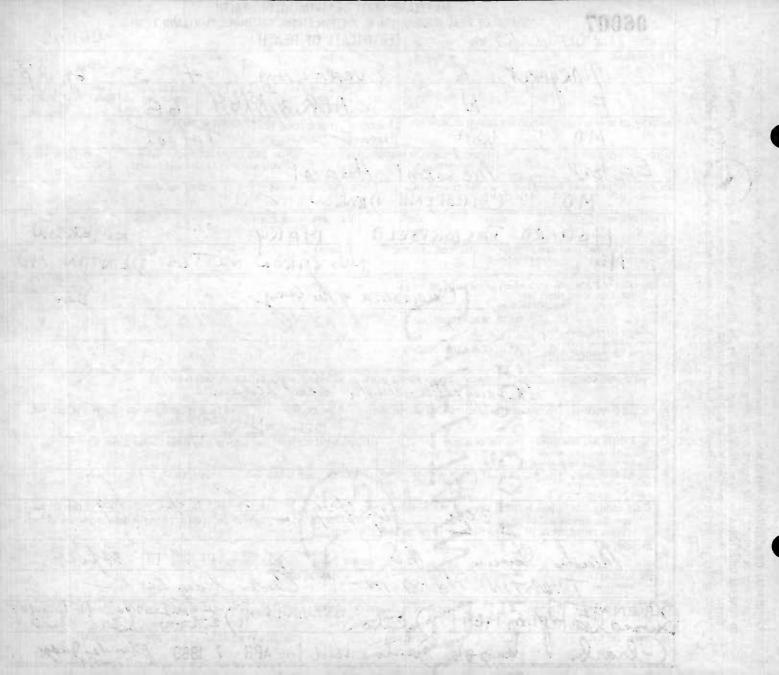
11.1	06005	MARYLAN DIVISION OF VITAL RECORDS,	D STATE DEPARTMEN		DYLAND 21201	
/. It	tem6 FilmGL11		CERTIFICATE OF D		11 12 12 0 1	06000
1.1		rthur Charles Doo		2a. DATE O	April 18	2b. HOUR
3. 5	Male	4. RACE Ehite	SAPATE OF PRICE	17, 1880	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7a.	BIRTHPLACE (State ar fareign antry) Ohio	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	Talbo	t	M
	city or town of death Easton	11. NAME OF HOSPITAL OR IN give street address) Deep Water	STITUTION (If nat in haspital Point	12a. USUAL OCCUPATION during mast of warking Retired	N (Kind af wark dane	12b. KIND OF BUSINESS OR INDUSTRY
130 odr	n USUAL RESIDENCE (Where demission) STATE	eased lived, if institution: Residence befare 13b. COUNTY Land Talbot	1.000 0111 0111111111111111111111111111	INSIDE CITY LIMITS? 13e. S	TREET AND NUMBER	
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAID		Middle	Last
	a. WAS DECEASED EVER IN U.S.	RAMED FORCES? Ive war or dates of service) Dodge It bb. SOCIAL SECURITY BY5-07-71.	NO. 17. INFORMANT	a Snyder	Address S2	1 Fast on
-	PART 1. DEATH WAS CA IMM Canditions, if any, which ga rise ta immediate cause (a stating the underlying cau last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) (c) (b) (c) (d)	O selesé duatie H	eeut Dis	EN IN PART I(a)	BETWEEN ONSET AND DEATH I Make the onset and death I was the onset and de
CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY YES		F YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN CERTIFYING
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ME	21d. INJURY OCCURRED While Nat while at wark at wark		CTDRY.) 21f. LOCATION Street a	r R.F.D. Na. Cit	y ar Tawn	Caunty State
	saw the deceased causes stated ab	(this haspital) attended the deceased alive analice anave, (I) (we) (did) (did nat) view the	969, and that in (my)	, 19 <u>Cg</u> , ta (aur) apinian death	GROVE WELL	
	22d. PHYSICIAN'S	M. My cinals	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. \square 22c. P	ATE SIGNED
	MARAT /T .V	ert M. EcDonald MD	Box		Maryland	21654
L	REMOVAL (Specify)	3b. DATE 23c. NAME OF PARIFY U.1969 OLA	CEMETERY OR CREMATORY	WH	ION (City or Town)	(Caunty) (State)
24	FUNERAL DIRECTOR	A Gast		SO. REC'D BY REGISTEAR PR 2 1 19	69 25b. REGISTRAR'S	SIGNATURE Cas Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06006 CERTIFICATE OF DEATH 0600 1. DECEASED-NAME 2a. DATE OF DEATH funeral First Middle 2b. HOUR death ve carban papers. Pages 1 and 2 event, within 72 haurs after death (Type ar print) Manth 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) MONTHS OAYS HOURS Male. White October 31, 1891 be executed within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) completely filled in Maryland USA WIDOWED DIVORCED [12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Itreet address) during mast af warking life, even if retired.) **INDUSTRY** attending physician university action please remove carban please remove carban with Foundryman & Machinist Foundry 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY NO [Talbot Street Talbot Maryland Michael crematian, ar removal, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Last John S. Evans Blizabeth Slining requires that the death certificate, 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 218-12-1102 Louise L. Evans, St. Michaels, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 1B. CAUSE OF DEATH (Enter only one cause per and to PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO O signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the b has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use a af Health p YES Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate irectar, page 3 should be detached far us 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING TELEVISE OF OFATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from U/1) ta 19 (and that in (my) (our) opinion death accurred an the date and have and from the saw the deceased alive an directar, page 3 should shauld be filed with the kauses stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS St. M Lane Wroth M. D. Michaels, Md. 21663 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL/CREMATION 23b. DATE (County) (State) REMOXAL (Specify) Baston, Maryland Woodlawn Memorial Park 24: FUNDRAL DIRECTOR VR A15 (4) 30M REV. 1/68 DATE

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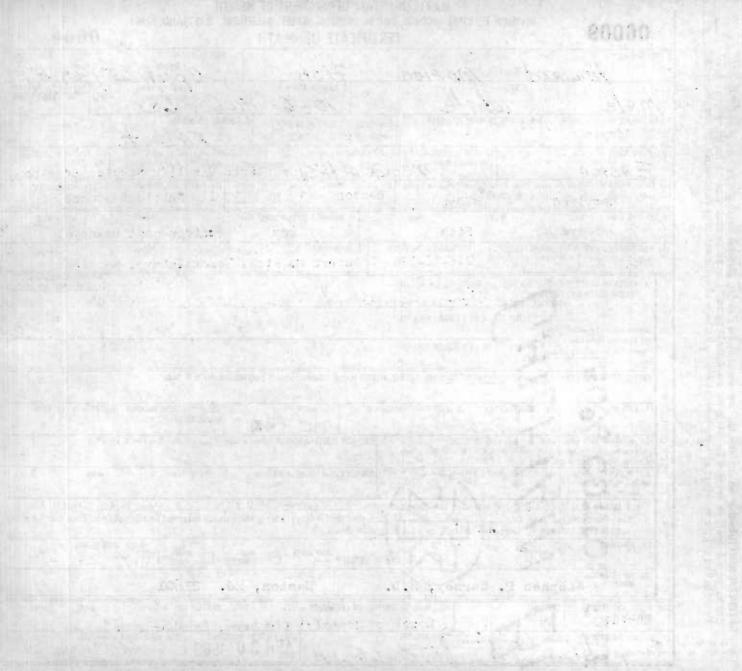
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7	T+	06007 DIVISION OF VITAL RECORDS, 301 W. PRESTON ST em5 FilmG411 4/11/69 kk CERTIFICATE OF	· · · · · · · · · · · · · · · · · · ·	CE, MAKYLAND 21201	06002
4 24		CEASED-NAME First Middle Last		DATE OF DEATH	2b. HOUR
er death.	((ype ar print) MARAMENT K	aAn	4 Month 3 Doy	Year 9 2 3 M
the fundages to	3. \$	F 4. RACE W S. DATE OF	MRTH 10/15/	1900 6. AGE (In years last birthely)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
led in by appers, n 72 hours	7o.	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MA	ARRIED 9. CO	UNTY OF DEATH	Md.
within 2	10.	TY OR-TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) A STON TO SPITAL TO		UPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
amplet of the control	13a. adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN STATE MD 136. COUNTY PROLETY BY TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
artificate be executed by selection and calculation and calculation and calculation and in any eaval, and	14.	ATHER'S NAME First Middle LOST OS FIELD IS. MOTHER'S M	MAIDEN NAME First	Middle	MERSON
rtificate ohysicia on pleas ival, an	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or doles af service)	grow N	WITLE DE	NTON MD
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remark corbon papers. Pages 1 and 3 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CLUB OLIVIOR OF THE CAUSE (b)	lung		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 RCO
that the in. by the at ransit pe		Conditions, if ony, which gave (o), stating the underlying cause (December 2) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	0		
equires the physician. signed by burial-tran-burial crei		lost. (c)			
v requi ing ph) en sigr en sigr he bur ta bur	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMIN	IAL DISEASE OR CONDIT	ION GIVEN IN PART I(a)	
The law requires th attending physician has been signed by se as the burial-tra th priar ta burial, cre	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WAICH OPERATION WAS PERFORMED 206. AUT YES	□ NO S	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
ICIAN: bital ar tificate d far u	MEDICAL CEI	21b. TIME OF INJURY Greented Transfer of Injury HOUR A.M. Manth Day Year (If either, notify medical examiner) 19	CCURRED (Enter notus	re of injury in Port 1 or Port 2, I	tem 18.)
by the haspital ar by the haspital ar ffer this certificate be detached far u State Dept. of Heali	ME	21d. INJURY OCCURRED While Street Not while at work Arm of the work Arm of the street	eet or R.F.D. Na.	City or Town	County Stote
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. of Healt		220. I certify that (I) (this hospital) attended the deceased from 19 17, and that in (r causes stated abave, (I) (we) (did) (did not) view the body ofter death.	my) (our) opinion	death occurred on the do	te and hour and from the
08 08 7 9 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9		22b. SIGNATURE/ Mushen Harrison, M.D., DEGREE PHYS.	DIRECTO	OR STAFF 22c. I	DATE SIGNED
TO HOSPITAL Page 4 may l TO FUNERAL D directar, pag shauld be file		22d. PHYSICIAN'S NAME (Type) THURSTON HARRISON 22e. AD	Cartan	deary land	
TO HO Page TO FUI direct	23	REMOVAL (Specify) 57H 1971. 5, 1969 23c. TRAME OF CEMETERY OR CREMITTORY		lento of	County)E 4/1000PRE
VR A15 (4) 30M REV. 1/68	24,	PUNERAL DIRECTOR V. Maggo Danton Med.	DATE APR		SIGNATURE Quedas



	110	MARYLAND STATE DEPARTMENT OF HEALTH	
		06008 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06003
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.		EASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI-	Day Year 2b. HOUR
oy is 13 to Page ent of	3. SEX	ATOMETE TIME DEATH MATED /	3 1901 6 N
any deloy is 1, 2, and 3 to m P.M3. Page	FE	lost birthday) MONTHS DAYS HOURS MIN. Month Day	Year 2d HOUR
P. 27		MALE WHITE OCI, 31, 93 9 YRS. RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 M
orm orm	cauntr		Me
offer death 8. Give Pages olong with for with the State leath.		TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital decing most at working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
offer death olong with the Steeleoth.		JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
		mission) STATE MARYLAND 136. COUNTY TAIL OF EASTON YES NO RT *3 BOX 10	66
hours Item 18 Office Ignd 2	14. FA	THER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	(HUSTIN FARLEY, JR. MARY JANE KEYNO.	LDS
MINER: This certificate should be executed within 24 the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner's or files. e 3 should be used as buriol-transit permit. File pages motion, or remaval, and in any event within 72 hours.		(AS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or doles of service) (If yes give war or doles of service) (If yes give war or doles of service)	TON MO
Exa Exa	T	18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).)	APPROXIMATE INTERVAL
te should be executed very the word "pending" in a to the Chief Medical Exa buriol-transit permit. Find in any event within it		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NROTHER SHULL MINTED IN UVIES	BETWEEN ONSET AND DEATH
mdin Med Med per		906 X DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe "pe "pe "pe "pe "pe "pe "pe "p		Conditions, if any, which gave rise to immediate cause (a), (b) Throw 11+ dragged by horse	
ord ol-tra		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF //	
sho le w o th o th buri		last. (t)	
is certificate should te, writing the word forworded to the Cl e used os a buriol-tr remavol, ond in any	P	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vritir vord vord ed c	NO!	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
INER: This certi the certificote, writ should be forwor files. 3 should be used notion, or remavo	CERTIFICATION	WAS PERFORMED?	YES NO DE
ER: This certificate, ould be fould be to hould be used ion, or ren		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It	em 18.)
certi certi oulc es. hou ion,	8	CAUSE OF DEATH	rorse
bical Examiners: se execute the certification. Poge 4 should ned for your files. ECTOR: Poge 3 should buriel, cremotion,	W 2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, affice building, grc). 21f. LOCATION Street or R.F.D. No. City or town	County Stote
L EXA eccute Poge or you	-	AT WORK LIAT WORK LI HOME - WYM NV. EASTON 1/41-061	rna
P. P. Por	30	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	, and in my apinian
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
please I directo retained I DIREC		ACTUAL SIGNATURE ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE 22b. DATE	SIGNED
ory, neral be ERAL		SIGNATURE M.D. ASSISTANI MEDICAL EXAMINER ZOO. DATE EXAMINER'S ASSISTANI MEDICAL EXAMINER ZOO. DATE EXAMINER'S	4-69
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health, prior to burial, crem		NAME (Type) ADDRESS(Street, city, town, or county)	
10 the To	230-	RURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town)	(County) (State)
		EMOYAL TIMESON LEXINGION	VENTUCK /
VR A15ME (5)	24. F	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S DAAPR 9 1969 Williams	SIGNATURE
10M REV. 1/68	11/	FURICEE. NEWNAM 6 SON EASTON, MD DAPR 9 1969 William	The state of the

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			STATE DEPARTMENT OF HEA		
	06009		01 W. PRESTON STREET, BALTIMO	ORE, MARYLAND 21201	0000
			RTIFICATE OF DEATH		06004
	ECEASED-NAME First (ype ar print)	Middle	Last	2a. DATE OF DEATH Month. Day	Year 2b. HOUR
3. SE	HOWARO	14. RACE MARION	S. DATE OF BIRTH	AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	male	white		last birthday) YRS.	MONTHS DAYS HOURS MIN
7o. I	BIRTHPLACE (Stote or foreign ntry) Maryland			COUNTY OF DEATH	Md
10. (ITY OR TOWN OF DEATH EASTON	11. NAME OF HOSPITAL OR INSTI		OCCUPATION (Kind of work done of working life, even if retired.) ed Gasoline Serv	12b. KIND OF BUSINESS OR INDUSTRY
13o. admi	USUAL RESIDENCE (Where deceose ission) STATE Maryland	d lived, if institution: Residence before 11 13b. COUNTY Talbot	3c. CITY OR TOWN 13d. INSIDE CITY LIMITS Easton YES NO	? 13e. STREET AND NUMBER	Operator
14. F	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
9	Howard	Fish	Lucy	(maiden name u	inknown)
16o. Y	WAS DECEASED EVER IN U.S. ARME (es, no. or unknown) (If yes give wo	ED FORCES? 16b. SOCIAL SECURITY NO 218-16-5369	77. INFORMANT Robert M. Fish,	Address Federalsburg, M	laryland
	Canditions, if any, which gove rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PERFO	DRMED 20a. AUTOPSY? YES NO X	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter no	sture of injury in Port 1 or Port 2, It	em 1B.)
ME	21d. INJURY OCCURRED 21e. F While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City ar Tawn	County State
	saw the deceased ali	s hospital) attended the deceased ive an191919 (I) (w e) (did) (did hat) view the ba	from, 19_6 , and that in (my) (e vr) apinio dy after death.	n death accurred on the dat	e and haur and fram the
	22b. SIGNATURE	the & Camp	DEGREE PHYS. MED.	STAFF	ATE SIGNED -26-69
	22d. PHYSICIAN'S NAME (Type) Stephe	en P. Carney, M.D	22e. ADDRESS Easton, M	1d. 21601	
230.	BURIAL, CREMATION, 23b. D. REMOYAL (Specify) Ap		METERY OR CREMATORY 2 Oro Memorial Cemeter	3d. LOCATION (City or Town)	(County) (Stote)
24.	FUNERAL DIRECTOR June	transton A ADDRESS	deling to of DAPR 30	egistrar 25b. registrar's	SIGNATURE



		MARYLAND STATE I	DEPARTMENT OF HEAL	TH	
060	DIVISION OF	VITAL RECORDS, 301 W. PR	ESTON STREET, BALTIMOR	RE, MARYLAND 21201	06005
I. DECEASED-NAME (Type ar print)		Middle		DATE OF DEATH	
(Type ar print)	Elgie	Dre	eul	Month Day	lear of 2b. Hour
3. SEX FEMA	LE VEG	ROID	8/2/1902		IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN
70. BIRTHPLACE (Stocountry) Mary 10 CITY OR TOWN 0	ote or foreign 7b. CITIZEN OF WE	III/ANNIEW-E-	INCACK MINKKIED	UNTY OF DEATH OF A	
78 COLOR TOWN	OF DEATH 11. NA	AME OF HOSPITAL OR INSTITUTION (IF no	t in haspital 12a. USUAL OCC	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY None
13a. USUAL RESIDEN admission) STATE	ICE (Where deceased lived, if institution of the country of the co	ion: Residence before 13c. CITY OR Talbot East	sum CO see CO	13e. SIREET AND NUMBER Glenwood He	eights
14. FATHER'S NAME	First Middle	Lost IS.	MOTHER'S MAIDEN NAME First	Middle	Last
John		anley	Marhha		ewnam
16a. WAS DECEASED Yes, no er unkno	EVER IN U.S. ARMED FORCES? wn) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 17. IN 215 14 3986 Sa:	FORMANT muel C. Gree	Addresseas ne, Glenwood F	ston.Md. Heights
18. CAUSE OF	DEATH (Enter anly ane cause per lin	ne far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral vue	ulan acua	ent	Lunedeste
43	69 DUE TO, OR A	S A CONSEQUENCE OF			
rise to imme	ony, which gove) diote cause (a), (b)				
stoting the u	nderlying couse DUE 10, OK A	S A CONSEQUENCE OF			
	R SIGNIFICANT CONDITIONS CONTRIBIL	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
	, significant continuing comme	THE TOTAL TO		7011 011211 111 77111 7(0)	
19a. DATE OF O	PERATION 19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS COM	NSIDERED IN CERTIFYING
STIE			YES NO	CAUSES OF DEATH?	
☐ OR CONTRIBUT	WAS UNDERLYING 21b. TIME OF HOUR A.M. P.M.	Month Doy Year	W INJURY OCCURRED (Enter notu	re of injury in Port 1 or Port 2, Ite	em 18.)
While No	CCURRED 21e PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY.) 21f. LOC OFFICE BUILDING, ETC.	CATION Street or R.F.D. Na.	City ar Tawn	County State
		ended the deceased fram	n, 1969	to aprel, 196	9 , that (1) (yo) la:
saw t	s stated abave (1) (we) (did)	(did not) view the bady after d	that in (my) (o or) apinlan eath	death accurred an the date	e and haur and from th
22b. SIGNATUR		20		22c. DA	ATE SIGNED
K	Meghen 6	Carry DEGRE	ATTENDING MED. PHYS. DIRECTO	OR PHYS. 5	-119-69
22d. PHYSICIA NAME (T		P. Carney	22e. ADDRESS Memorial I	Hospital East	on, Maryla
230. BURIAL, CREMA REMOVAL (Spe	ATION, 23b. DATE 4/23/69	23c. NAME OF CEMETERY OR C		LOCATION (City or Town) rappe Talbo	(County) (State)
24. FUNERAL DIREC	TOP	ADDRESS 47 C		ISTRAR 25b REGISTRAR'S S	
Dashie	Dashie	tome cost	mal date in a a	1303	0 0

STOREST CHARLES IN STORE THE STOREST CONTRACTOR OF 3 32 14 37 7

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06006 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle First Lost 2g. DATE KNOWN Month Day 2b. HOUR (Type or Print) 725 ESTI-20 e.S Page 13 DEATH MATED AM delay and 3 1 IE LINDER 24 HRS 2c DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 6. AGE (In years 2d. HOUR PM3. lost birthday) Day Year Male Megra pages 1 and 2 with the State Departm 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED TO farm WIDOWED [DIVORCED | pencil\in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR olang with give street address) during most of working life, even if retired.) lemoria actory Worker death, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREFT AND NUMBER 136. COUNTY 11 ne Direet Denton 508.Lincoln YES NO after 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last Middle last Courlan Sr Lola Larie Holmes the Chief Medical Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) Iola Laris Hines Tent n -- ar land File APPROXIMATE INTERVAL This certificate shauld be executed vicate, writing the word "pending" in within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: 'pending" Iultiple Fractures of skull minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit minutes Conditions, if ony, which gove Ve tebrae Fractures rise to immediate cause (a). please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Alcoholism SpecimeDried Up in' PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 None remaval, used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 NO W pe shauld be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) a 3 should PRIMARY TO OR CONTRIBUTING HOUR A.M excess EXAMINER: burial, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote FUNERAL DIRECTOR: Page foctory, office building, etc.) Dentan Caroline Varylan WHILE AT WORK AT WORK horth of 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinian the funeral directar. death resulted fram: Accident K Suicide Hamicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER O FUNE Health marold f.Flunmer H.L. ADDRESS(Street, city, town, or county) Freston Caroline NAME (Type) 23d. LOCATION (City or Town) (County) Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 4-16-1969 Union Cemetery THE NAME ALL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Charles W. Hill, Mortician, Denton, Maryland Hickory VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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F	06013	DI	VISION OF	VITAL RECORDS				IORE, MAR	YLAND 2120	1 000	0.0
1	DECEASED-NAME	First		Middle	CEKTIFIC	ATE OF I		2g. DATE OF	DEATH.		2b. HOUR
•	(Type or print)	Herber	rt	Eugene		Jump				Day 1969	20. 1100K
S	EX	and the second second	1. RACE			S. DATE OF BIR			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 NRS.
	mal		wh	ite		Octob	er 28.	1894	last birthday)	YRS. MONTHS DAYS	HOURS MIN.
CI	o. BIRTHPLACE (Stote o	and	U.S.		WIDOWED		CED [lbot		Md
	Easto	n	give	AME OF HOSPITAL OR IN	S. Har	ot in hospitol	120. USUAL during most	OCCUPATION OF MATERIAL PROPERTY OF MATERIAL PROPERT	Kind of work d fe, even if retire	one 12b. KIND OF INDUSTRY VAIL	BUSINESS OR
13	o. USUAL RESIDENCE (Imissian) STATE	Where deceosed li	ived, if institu 13b. COUNTY	tian: Residence before Talbot	13c. CITY OR East		YES NO NO		S. Ha	rrison	
]4	I. FATHER'S NAME	First	Middle	Last	15	. MOTHER'S MA	IDEN NAME First		Middl		Lost
Ļ	W 1 60. WAS DECEASED EVE	lliam	F.	Jump 16b. SOCIAL SECURITY	'NO 117 1	NFORMANT	THE	Ma	ria Wa		
ľ	Yes, no ar unknawn)			216-03-			Harbar	+ 17		Easton	Ma
=			no causo nos l	ine for (a), (b), and (c		MIS.	mer.ner	و لل ال	o ump	APPROX	MATE INTERVAL
	PART I. DEATI	H WAS CAUSED BY	:	Ventr		7. 9	0,000	00-1		BETWEEN	ONSET AND DEATH
ı	412	MMEDIATE C		AS A CONSEQUENCE OF		- 6				10	Manage.
ľ	Canditions, if ony,	, which gave)	/h)	Coro		in	uppi	cian	ey.	< 30	Iminute
L	rise to immediate		DUE TO, OR	AS A CONSEQUENCE OF	F	0	00		0.		1
	lost.		(c)	arte		Coro	tic &	eart	disac	ree > 5.	zyrs.
П	PART 2. OTHER SIG	GNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL	DISEASE OR COM	NDITION GIVEN	IN PART 1(a)		
ā	5				nor						
TA'S	19a. DATE OF OPERA 21a. ACCIDENT WA Or contributing in the contribution in the contr	ATION 19b. CON	DITION FOR WI	HICH OPERATION WAS P	EKFORMED	20a. AUTOF			YES, WERE FINDIN OF DEATH?	NGS CONSIDERED IN C	EKTIFYING
1000	21a. ACCIDENT WA	AS LINDERLYING	21b. TIME C	OF INJURY	21c HC	YES T	NO NO	ature of injury	in Port 1 or Por	rt 2 Item 18.)	
3	OR CONTRIBUTING	CAUSE OF OEATH	HOUR A.M.	Month Doy Yeo	r	A AROUNT OCC	DUNED (FINEL II	arore ar arjury	m rom r or ro	.,	
- Tro	While Not wh	RRED 21e. PLA	CE OF INJURY	(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.					or Town	County	Stote
	220. I certify sow the couses st	thot (I) (this h deceased alive oted obove,(I)	ospitol) ott on3)(we) (did	tended the deceo - 21 (did not) view the	sed from 19 <u>6</u> 7, one body ofter	thot in (my deoth.	(our) opini	3_, to4 on deoth o	ccurred on th	, 19 <u>69</u> , that e dote ond hour	ond from the
	22b. SIGNATURE			rever	M . D DEGR	* ATTENDIN		O. ECTOR	STAFF PHYS.	22c. DATE SIGNED H - 17-	
	22d. PHYSICIAN'S NAME (Type)		RI W.	TREVER.			D3	Eas		Md.	
2	BURIAL CREMATION REMOVAL (Specify)	N, 23b. DATE	L 18,1		CEMETERY OR	CREMATORY CEM			(City ar Tawn)	(County)	(Stote)
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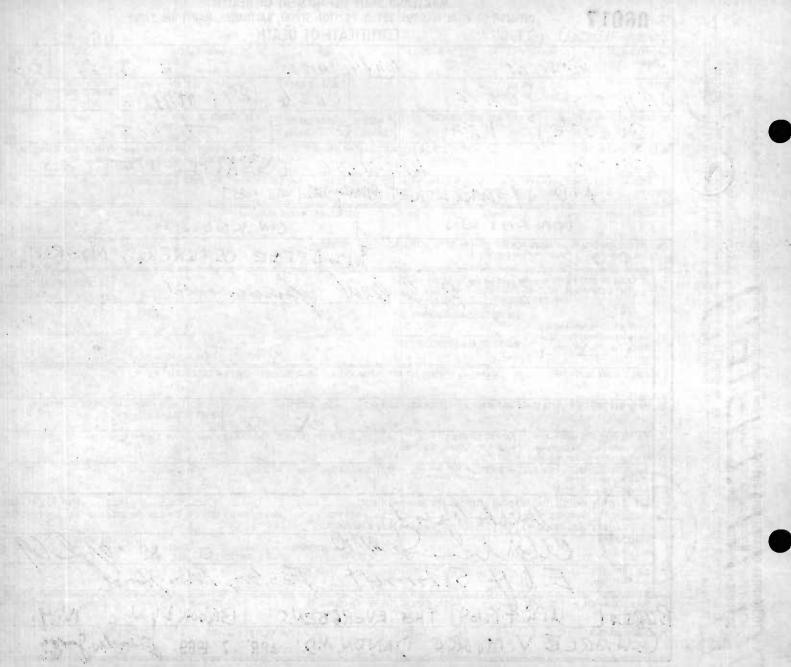
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06014 06009 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR papers Pages I and 2 In 72 hours after death. executed within 24 hours after death and campletely filled in by the funeral remave carbon papers. Pages 1 and (Type or print) 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) MONTHS OAYS HOURS YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRYED country) WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR burial, crematian, or remaval, and in any event, with give street oddress) most of working life_even if, retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY NO 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle certificate be SKE attending physician sermit. Then please 17. INEORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes/no. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND OFATH requires that the death PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been the director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City ar Town Caunty State OFFICE BUILDING, ETC. While Not while at wark at wark L 22a. I certify that (I) (this pospital) attended the deceased fram. saw the deceased alive and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (1) five (did) raid not view the body after death 22b. SIGNATURE 226 DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (Stote) (County) MEMOVAD (Specify) FUNERAL DIRECTOR VR A15 30M REV. 1368

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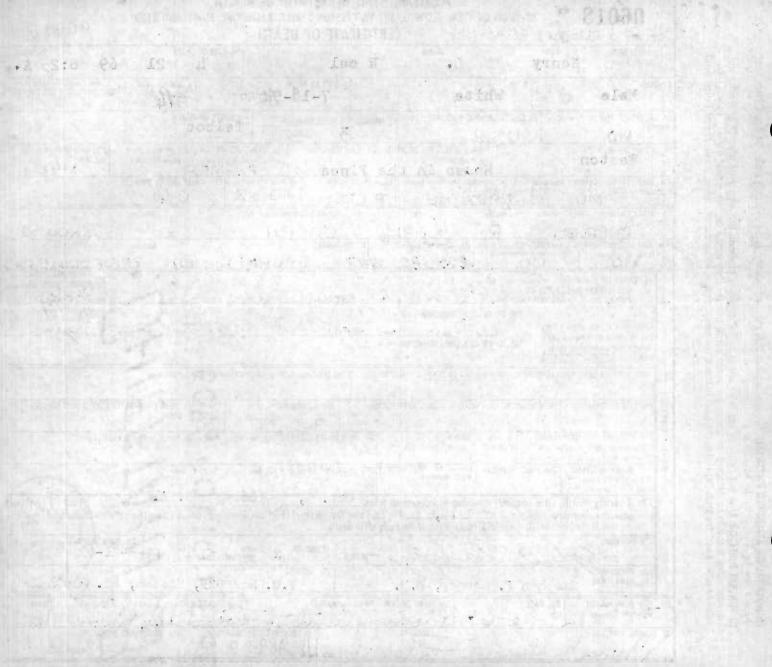
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_ 1	MARYLAND STATE DEPARTMENT OF HEALTH
1	06017 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	tem6 FilmGhll 4/11/69 kk CERTIFICATE OF DEATH 06012
3.	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type ar print) NICHOLAS MAYULIANOS 4 P 690 530
13	CENT OF DISTRICT O
	MALE WHITE DAYS HOURS MIN.
70	BIRTHPLACE (State or foreign unity) 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 76. COUNTY OF DEATH
5 10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of variety of varie
13 od	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER WISIAM STATE 13. COUNTY COLUMN 13
14	FATHER'S NAME First WKNOWN Lost IS. MOTHER'S MAIDEN NAME First CIN KNOWN Middle Lost
10	16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or and known) 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. INFORMANT Yes give war or dates of service) 18. SOCIAL SECURITY NO. 18. INFORMANT OSTERBURG, MORSOE Address Addr
	18. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (2).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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AAC	21d. INJURY OCCURRED While Not while at work at work.
	22a. I certify that (I) (this hapital) ortended the deceased fram, 19, to, 19, 19ad (I) (we) la saw the deceased only on figure 19 and that in (my) (aur) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did) (did not) view the body ofter death.
	22b. SIGNATURE CLOSE ATTENDING MED. STAFF 22c. DATE SIGNED G9 DEGREE PHYS. DIRECTOR DIRECTO
	22d. PHYSICIAN'S NAME (Type) E-C-H- Schimat 22e. ADDRESS ston, Masyland.
22	g BURIAL, CREMATION, 23b. DATE 4 1969 23c. NAME OF CEMETERY OR CREMATORY 32d. LOCATION (City or Town), (County) (Stote) 3ROOK LYN (County) (Stote)
2	FUNDRAL DIRECTOR US V. MOORE DENTON, MD. DATAPR 7 1969 PULLANDERS SIGNATURE



25		06018	MAKTLAN DIVISION OF VITAL RECORDS,	301 W. PRESTON STRE			0.0
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equires that the death certificate be executed within 24 haurs after death, physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban popers. Pages 1 and 2 burial, crematian, or remayal, and in any event, within 72-hours after death.	10. (TITY OR TOWN OF DEATH Easton	11. NAME OF HOSPITAL OR IN:	STITUTION (If not in hospitol he Pines		PATION (Kind of work done vorking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health priar ta burial, crematian, or remayal, and in any event, within 72-hours after death		22a. I certify that (1) (this saw the deceased ali- causes stated abave,	haspital) attended the decease ve an April 10, (I) (we) (did) (did nat) view the	ed fram) (aur) apinian d	ta Apr • 22 , 19 leath accurred an the da	te and haur and fram the
OR AT DE retable of the second	18	22b. SIGNATURE	Blank	DEGREE PHYS.	DIRECTOR	STAFF PHYS. \square 22c.	DATE SIGNED 21-69
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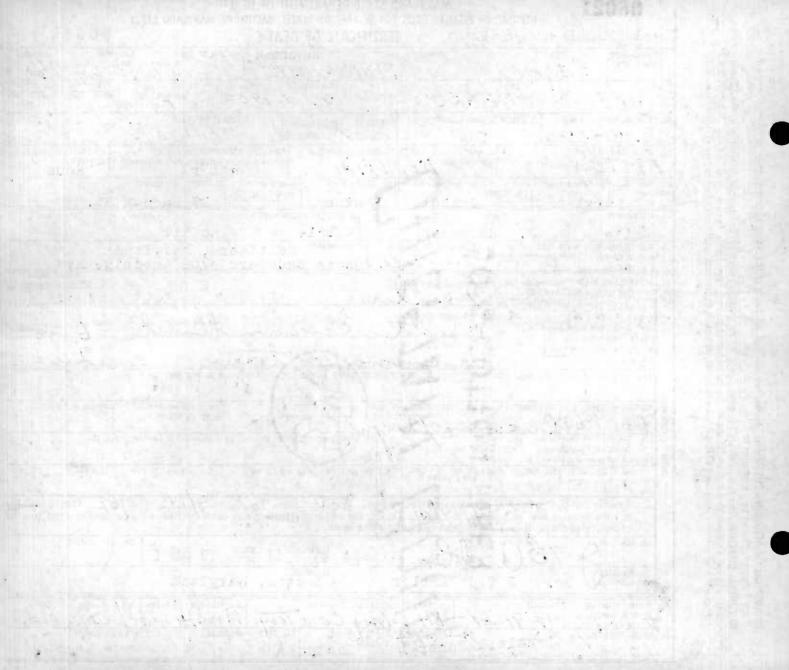


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AL CAL CODE		22d. PHYSICIAN'S	Z Land W		h, Maryland 21601	11/25/60
SPIT FERA ar, F		NAME (Type) J.T	. B. Ambler	M.D. Eastor	i, maryiand 21001	L 4/25/69
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(Ty	rpe or print) Edg	4. RACE	Middle	Rando	IstRavennah MACAL TE OF BIRTH	6.	Month Day		2b. HOUR
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10. CI	TY OR TOWN OF DEATH	11. Ni give	AME OF HOSPITAL OR	NSTITUTION (If not in ha	spitol 120. USUA during mo	ist of working life	e, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
odmis	sion) STATE Maryland	13b. COUNTY		Easton	YES NO	□ 27		St.	Lost
16a.	Emile WAS DECEASED EVER IN U.S. ARI ss, no, or unknown) (If yes give s	J. Ra	vennah 166. SOCIAL SECURIT	Sa Y NO. 17. INFORM	die ANT Balti	McG:	ill MarsAфresho	l A A T	
	IB. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAL Canditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE C	tion the co	of to	the	out	BETWEEN ON	ATE INTERVAL SET AND DEATH
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	while Not while 22a. I certify that (I) (the saw the deceased couses stated above	is hospital) att	ended the deced	sed fram	, 196 in (my) (eus) opio	, ta <u>4/</u> nian death occ	, 19. urred on the do	69, that te ond hour a	(I) (we) la ind from th
	22d. PHYSICIAN'S NAME (Type) Dr.	JT		er 2	Laston,				
7	BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR	DATE -119/69	MH	Colyon Co	emelery	Annef	frundel	(Caunty)	(Stote),
	1. DEG (T) 3. SE) 7a. B (count) 10. Cl 13a. Ve 16a. Ye 23o.	1. DECEASED-NAME (Type or print) 3. SEX 7a. BIRTHPLACE (Stote ar fareign caunty) 13a. USUAL RESIDENCE (Where deceased of the composition of the	1. DECEASED-NAME (Type or print) 2. DECEASED-NAME (Type or print) 3. SEX 4. RACE 7a. BIRTHPLACE (Stote ar fareign cauntry) Carolina 10. CITY OR TOWN OF DEATH 11. N. give 13a. USUAL RESIDENCE (Where deceased lived, if institut odmission) STATE Maryland 14. FATHER'S NAME First Middle Emile J. Ra 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per liphart I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) DUE TO, OR Canditians, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHOM I while of work of work of work 21d. INJURY OCCURRED While of work 21d. INJURY OCCURRED While of work 21d. INJURY OCCURRED While of work 22d. PHYSICIAN'S NAME (Type) 22d. PHYSICIAN'S NAME (Type) 23b. DATE REMOVAL (Specify) 23b. DATE 23c. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. BURIAL, CREMATION, REMOVAL (Specify)	DIVISION OF VITAL RECORDS Item1 FilmGull 4/24/69 kk I. DECEASED-NAME (Type or print) S. CAROLINA 3. SEX 4. RACE 7a. BIRTHPLACE (Stote ar fareign country) CAROLINA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR I give street address in give	DIVISION OF VITAL RECORDS, 301 W. PRESTO Item! FilmGt11 1/21/69 kk CERTIFICATE 1. DECEASED-NAME (Type or print) 2. ARACE 4. RACE 4. RACE 5. DAN 70. BIRTHPLACE (Stote or foreign country) 8. MARRIED ME MIDOWED ME 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if dot in he give street address) 130. CUSUAL RESIDENCE (Where deceased lived, if institution: Residence before last. CITY OR TOWN 131. COUNTY 132. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last. CITY OR TOWN 133. COUNTY 14. FATHER'S NAME 15. MOTE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (n) PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (n) DUE TO, OR AS A CONSEQUENCE, OF (c) 190. DATE OF OPERATION 190. DATE OF OPERAT	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTI Item! FilmGull 1/21/69 kk	Tem1 FilmG411 14/24/69 kk CERTIFICATE OF DEATH LostRavence 20. Date of De Death	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items Filmshill 14/214/69 kk CERTIFICATE OF DEATH CORECASED-NAME (Type or print) CAGGATA A RACE S. DATE OF BERTH Modelle CATALOGUEREN A RACE S. DATE OF BERTH Modelle S. DATE OF BERTH Modelle CATALOGUEREN A RACE S. DATE OF BERTH Modelle S. DATE OF BERTH Modelle COUNTY OF DEATH JI. NAME OF HOSPITAL OR INSTITUTION If the oir in baspital gives steere address. The modelle and in the part of the commission of the print of the print of the part of the	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 LOCEASED-MANE (Type or print) LOCEASED-MANE (T



L 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		06017
HEALTH DEPT.	1. DECEASED-NAME Pirst (Middle Last 2a, DATE KNOWN Manth	Day Year 2b. HOUR
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and and M3.	3. SEX 4. RACE S. DATE OF BIRTH 12/9/1923 6. AGE (In years of bunder 24 HRS 12/9/1923 6. AGE (In years of bund	Year 19 M
any I, 2, m P	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
o p	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of wark done	Md 12b. KIND OF BUSINESS OR
after death 8. Give Pages 1, along with farm with the State De		INDUSTRY
Give	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s afte 18. Gi 18. Gi alon 2 with death	admission) STATE Md. 136. CODOrchester Cambridge YES X NO 1400/Light S	St.
This certificate should be executed within 24 hours after death cate, writing the ward "pending" in pental in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with farm I be used as a burial-transit permit. The pages I and 2 with the State Der removal, and in any event within 72 hours after death.	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle John W. Rose Lavinia	lost Greene
hin 24 ned in niners pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	dreene
ould be executed within 24 vard "pending" in perect in the Chief Medical Examiners altransit permit. File pages any event within 72 hours	(Yes na, ar unknown) ((Lyes awe war or dates of service) 201-10-0029 Mrs. W. Howard Dail Cambrid	lge Md. 2161
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KAMINER: te the certi ge 4 should your files. age 3 shou		County State
bical Examiner: se execute the cert sctor. Page 4 should ned for your files. iECTOR: Page 3 shou	WHILE NOT WHILE of foctory, office building, etc. Street in Easton Talbe	+ m
ICAL E. executor. Page ed for CTOR: Purial,	220. I certify that I taak charge af the remains described obove, held an Autopsy 🔲, Inspection 📈 Inquiry 🗀	, and in my opinion
bic. ase e irector ained ained to bu	death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner	
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o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to bucial, crem	NAME (Type) VV = L ADDRESS(Street, city, town, or county)	
10 10 10 10	23d. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
	Burial 4/18/1969 Cambridge Cemetery Cambridge D 24. FUNERAL DIRECTOR ADDRESS 25G. REC'D BY REGISTRAR 25b REQUSTRAR'S	orchester
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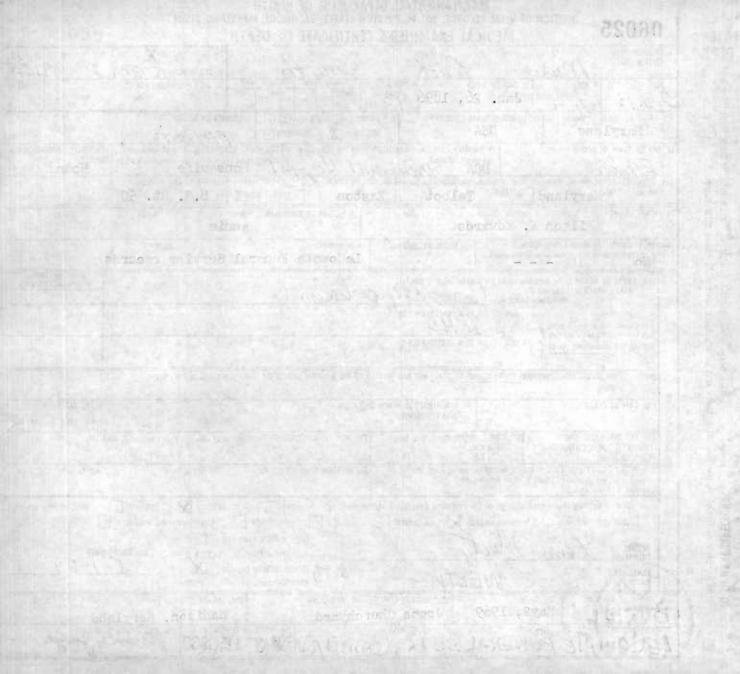
	MARYLAND STATE DEPARTMENT OF HEALTH	
2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	06023 CERTIFICATE OF DEATH 06018	
death.	ECEASED-NAME First Middle Rost 20. DATE OF DEATH Type or print) Les fer Month Doy Preor 69 8	HOUR A
after the fu iges s after		ER 24 HRS.
in 24 haurs a filled in by th papers. Pag hin 72 haurs c	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9.	
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and car	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	10
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equires that the death certificate the physician. Signed by the attending physician burial-transit permit. Then please burial, crematian, ar remaval, and	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: APPROXIMATE INTERPRETATION OF THE PROXIMATE INTERPRETA	
equires that the death ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem	14109 DUE TO, OR AS A SUBJECTIFICE OF	ery
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funerationary and campletely filled in by the funerationary and another the standard for use as the burial-transit permit. Then please remave carban papers. Pages and should be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after begin	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO SE 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII CAUSES OF DEATH?	NG
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ro Hospital Page 4 may O FUNERAL I directar, pag should be fil	BURIAL CREMATION, 23b DATE 23c. NAME OF CEMPTRY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sto	ite)
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1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
M	Iteml3 FilmG412 4/30/69 kk CERTIFICATE OF DEATH 06	0.1.9
24 haurs after death. d in by the funerol pers. Pages 1 and 2	1. DECEASED-NAME (Type or print) HANNAH B. SHARRETTS Lost 2a. DATE OF DEATH April 15, 1969	Year 2b. HOUR
s after the fu loges i	female white May 30, 1869 lost birthday) YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. S OAYS HOURS MIN
24 haur	76. BIRTHPLACE (State or foreign country) 75. CITIZEN OF WHAT COUNTRY? USA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED XX DIVORCED Talbot	Md.
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omplet ove cor	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Kent Q. A. Chestertown 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Box 135	
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th certificate be execting physicion and confine please remoremoval, and in any	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor ar doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Roland Sharretts Chestertow	n, Md.
The attence risit permit mation, or	18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physickan To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre	While Not while at wark at wark of the spital of the deceased from 1969, and that in (my) (our) opinion death occurred on the dote on couses stoted obove, (I) (we) (did) (did not) view the body ofter death.	_, thot (I) (we) lost d hour ond from the
TO HOS Poge 4 TO FUNI directo shoulc	230. BURIAL, CREMATION, BENOVALISTICATION, 4/18/69 23c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. 23d. LOCATION (City or Town) Baltimore, Md.	unty) (State)
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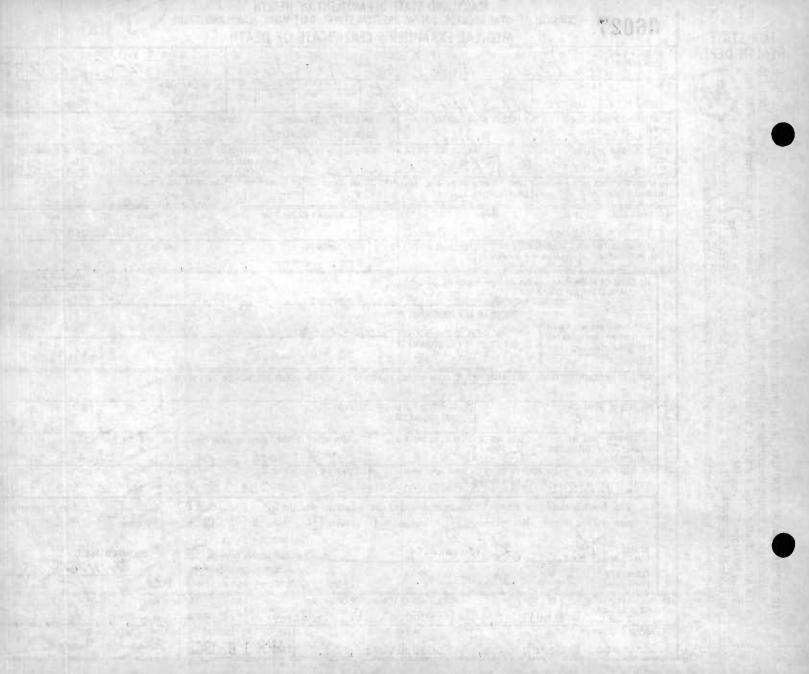
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06025 06020 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Month Yeor 2b. (Type or Print) ESTIoto 1960 DEATH MATED deloy i PM3 Pog Deportment 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup Jan. 26, 1896 Manth Day Year 19 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Poges 1, the Chief Medical Examiners Office olong with form country) Maryland USA WIDOWED X DIVORCED [plages Tand 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Housewife Home 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ofter death odmission) STATEMarvland 13b. COUNTY Talbot Easton U.S. Rt. 50 YES NO X 24 hours n Item Middle 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Wilton K. Edwards Annie hours within 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. pencil (Yes no, ar unknown) (If yes give war or dates of service) LeCompte Funeral Service records File _ within APPROXIMATE INTERVAL This certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per lime) for (o), (b), and (c).) permit. GETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) burial-transit Conditions, if any, which gave rise ta immediate cause (a). any writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= forworded to gud PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removol CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. pe should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremotion, P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town Stote County factory, affice building, etc.) NOT WHILE NOT WHILE burial, Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy . Inquiry and in my opinian death resulted fram: Natural causes Accident . Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** INEL ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23a BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) May2, 1969 Joppa Churchyard Madison, Maryland 25o. REC'D BY REGISTRAR E FUNERALSER, CAM VR A15ME



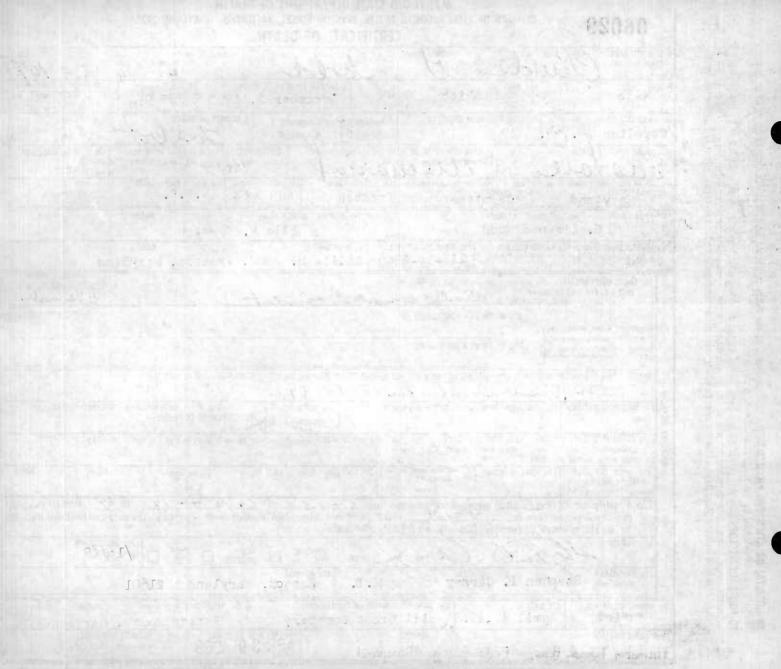
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06021 06026 CERTIFICATE OF DEATH ors. Pages 1 and 2 Phours after death. 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR within 24 hours after deoth. funeral 1 and (Type ar print) Month 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years DAYS last birthday) HOURS YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH remove corbon papers. WIDOWED DIVORCED [and completely filled ond in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address life, even if retired.) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER be amerufed admission) STATE YES NO X 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle First HOMAS GOSLIN physician requires that the deoth certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknawn) burial, cremation, or removol, SEARORD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH permit. Canditions, if any, which gave) STEINOMIS SE buriol-tronsit rise ta immediate cause (a), signed by Poge 4 may be retained by the hospital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) peen : for use as the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? has CAUSES OF DEATH? NO [director, page 3 should be detached for use should be filed with the State Dept. of Health **GENNERAL DIRECTOR:** After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, EARM, STREET, EACTORY.) 21f. LOCATION Street at R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (1) (this bospital) attended the deceased fram. 19 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive as hat he body after death. causes stated above 1 Rever die 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE 22d. PHYSICIAN'S NAME (Type) BURIAL SELMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) . DATE REMOVAL (Specify) Con FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REGISTRAR VR A15 741 Wharefor 1969

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06022 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN (Type or Print) ESTI-Page DEATH MATED delay and 3 t 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED HOUR and PM3 Month / Doy 1959 Yeor Male Negro YRS 7o. BIRTHPLACE (State or foreign 7b. CITYZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH with the State De 8. Give Pages 1, alang with farm Salisbury. U.S.A. WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 10. CITY OR TOWN OF DEATH after death 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give sfeet/odd/ess) during most of working life, even if retired.) INDUSTRY Construction Worker James Juliar 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 15b. COUNTY Caroline Denton YES NO R.F.D. (Pinetown lang 2 funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office 24 haurs in Item 1 offer 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Otelia Emerson Nichols Thomas podes pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Saundra M. Thomas, penton. File any event within CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH burial-transit permit. pending IMMEDIATE CAUSE COLOUTE Candian Anne of minutes DUE TO, OR AS A CONSEQUENCE OF minutes Conditions, if ony, which gove (b) Savreeexternal Cardbac injury rise to immediate couse (a). This certificate should necessary, please execute the certificate, writing the ward DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse WJunk car fell on his chest minutes . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS ar remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YEST NO 🗆 pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 shauld PRIMARY FOR CONTRIBUTING HOUR A.M. crematian, Jack sliined fell on on car an cer CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote Roctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Larvish dome of Charles Gray Denton Larvience ton burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian Natural causes ... Accident ... Suicide ... Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL lionial 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** may arol 3.Plummer 1..D NAME (Type) ADDRESS(Street, city, town, or county) Presto 0 23b. DATE 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Federal Hill Cemetery April 12.190 Federalsburg, Caroline, Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Milionlas Indella 1969 Framptom Funeral Home, Federalsbutg. Md.



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OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital or attending physician.	O'GUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detacthed far use as the burial-transit phauld be filed with the State Dept. af Health prior to burial, crematic	MED	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY	Y (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street		City or Town	Caunty	State
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A	₩ ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		22b. SIGNATURE	1,,,	6.4	D. DEGREE PHYS.	MED.	STAFF C	2c. DATE SIGNED	101.9
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SPITAI 4 may	ERAL ar, pa d be fi		22d. PHYSICIAN'S NAME (Type) RC	bert W. T		M.D. Eas	ton, Mary	land 21601		
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		MARYLAND STATE DEPARTMENT OF HEALTH	
7		06029 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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ertificate be physician e nen pleose noval, and i		. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, AQ, Qr unknown) (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Lillie M. Todd, Preston, Maryla	and
ICIAN: The law requires that the deoth certifice pital or ottending physician. Trificate has been signed by the ottending physical for use as the buriol-transit permit. Then post Heolth prior to buriol, cremotion, or removal,		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerchal warrelan accordant	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4/2 wells
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JING PHYSI by the hosp ifter this cert be detached State Dept. c	MED	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
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O HOSPITAL OR ATTENI Poge 4 moy be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the		DEGREE PRIS. DIRECTOR PRIS.	DATE, SIGNED
O HOSPITAL Poge 4 moy O FUNERAL I director, pag		22d. PHYSICIAN'S NAME (Type) Stephen P. Carney M.D. 22e. ADDRESS Easton, Maryland 21601	
TO HO Poge direct	230	BURIAL, CREMATION, REMOVAL (Seedy) 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) April 17,1969 Hill Crest Cemetery Federalsburg,	
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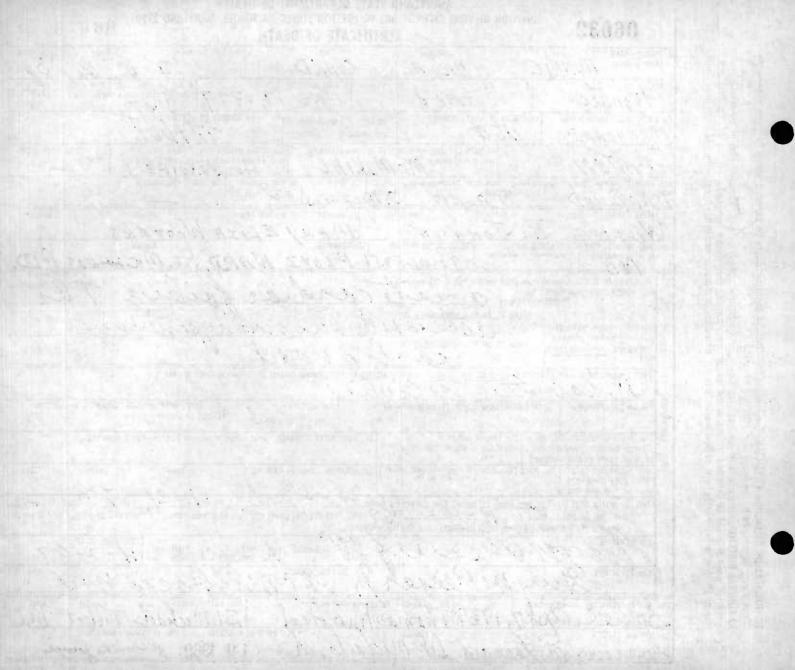


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06032 06028 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR papers. Pages Land 2 hin 72 haurs after death (Type ar print) 110KA 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE'(In years last birthday) MONTHS HOURS executed within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED and campletely filled in remaye carbon papers. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af working life, even if retired.) **INDUSTRY** director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye-tarbon shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, with HOZUSEWIF 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY CIMITS? YES NO 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last The law requires that the death certificate be the attending physician sit permit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO Address Yes, na, or upknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSE AND GEATH PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO. OR be retained by the haspital or attending physician. stating the underlying cause last. PART 2/OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 220. I certify that (I) (this haspital) oftended the deceased from. saw the deceased alive on 11 - 11 -_1969, and that in (my) (our) apinion death occurred on the date and hour and from the courses stoted above, (1) (we) (did) (did not) view the body after death 22b. SISMATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS Page 4 may 22d PHYSICIAN'S 22e. ADDRES NAME (Type) NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City ar Tawn) (County) (State) **BURIAL, CREMATION** 23b. DA REMOVAL (Specify) 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1 68 Millarles



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V	1				DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STR	EET, BALTIMORE, M	ARYLAND 21201		
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	funeral and er deatl			wuu	While I.	angius	00	4-1	2-69	VI P.M
	fu fer		3. SI	X	4. RACE	S DATE OF BIR	RTH	6. AGE (In years		F UNDER 24 HRS.
	s af	1		MALE	WHITE	JULY	28-1899	last birthday)		min min
	by by	1	7a. l	IRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	9. COUNTY	OF DEATH		
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			10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O	OR INSTITUTION (If nat in haspital		ON (Kind af wark dan	ne 12b. KIND OF BI	Md.
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	ple ca	1 20	adm	ssian) STATEAN A DISTANCE (Where decease	ed lived, if institution: Residence be		13d. INSIDE CITY LIMITS? 13e.	STREET AND NUMBER	D	
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	e de	12		() (-, WRIGHT	SON	512511=	E	PADD:	S
	and side	9	16a.	WAS DECEASED EVER IN U.S. ARM	IED FORCES? 16b. SOCIAL SECU			Address		ΛΛ
	e death certificate b attending physician permit. Then please an, or removal, and i		1	es, no, or unknown) (If yes give we	ar or dates of service) 217-03	-3424MRS.WR	IGHTSON -	WIPEN	STOWN	IN D
	ph hen hen you		F					7000	APPROXIMA	TE INTERVAL
	th of ling			PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), an	d (c).)			BETWEEN ONS	ET AND DEATH
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	n. ny ans			nse ta immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	E OF	90	8	71	. 1
	equires tha physician. signed by burial-tran			last.	10 an	terios Oor	rotic &	ant de	serra	Nenous
	uire gne urio			PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH B	LIT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION G	VEN IN PART 1(a)		
	g p			00		anti O.	1.60.00:	(4)		
	din din art		NO.	19a, DATE OF OPERATION 119b, o	CONDITION FOR WHICH OPERATION W	AS PERFORMED 200. AUTOF	DCV2 20h	. IF YES, WERE FINDING	C CUNCIDEDED IN CED.	TIEVING
	e le la	1	CERTIFICATION	Tru. DATE OF OFERATION 1755. C	CONDITION FOR WITHCH OF ENAMION W		CALL	ISES OF DEATH?	3 CONSIDERED IN CER	III IING
	T at	1	KT			YES	NO CAU	1000		
	AN: lal			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCU	URRED (Enter nature of i	njury in Part I ar Part	2, Item 18.)	
	d fe		MEDICAL	(If either, natify medical examin	er) P.M.	19				
	rest cel		ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STRI	EET, FACTORY.) 21f. LOCATION Street	t ar R.F.D. Na.	ity ar Tawn	Caunty	State
	he haspital or attending this certificate has been letached for use as the Dept. of Health priar to			While Nat while at wark	CAPPILE BUILDING, EN					
	NG te d			22a L certify that (1) Ithi	s haspital) attended the dec	ensed from 4 - 5	19 69 . 10	4-12	19(09 that/	M(we) last
	Aft Por			sow the deceased of	s haspital) attended the declive on 12	19 69, and that in (my	Mour) opinian deat	h accurred on the	date and haur at	nd fram the
	TEN Parish			couses stated above	(I) (we) (did) (did not) view	the body after deoth.	0(00)			
	A B D SE	1		22b. SIGNATURE		AA D		2	2c. DATE SIGNED	(3.00)
	dw	/		Robe	nt W. Trev	DEGREE PHYS.	G MED. DIRECTOR	STAFF D	+-13-6	9
	y b d d d d d d d d d d d d d d d d d d			22d. PHYSICIAN'S		22e. ADDR	RESS			,
	RAI P			NAME (Type) Robe	ert W. Trever	M. D. Ea	ston, Maryl	and 2160	1	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicianteror, page 3 should be detached for use as the burial-transit permit. Then pleahall be filed with the State Dept. af Health priar to burial, crematian, or removal,		22.	DAIDIAL COCMATION DOLL	DATE TOO NAME	E OF CEMETERY OR CREMATORY	1334 1004	TION (City or Town)	(County)	(State)
	age age lire		230.	BURIAL, CREMATION, 23b. C		ester Field	20. 10C	ATION (City ar Tawn)	(County)	(State)
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